

## **VI. Collection of Information Requirements**

Under the Paperwork Reduction Act of 1995, we are required to provide 60-day notice in the **Federal Register** and solicit public comment before a collection of information requirement is submitted to the Office of Management and Budget (OMB) for review and approval. In order to fairly evaluate whether an information collection should be approved by OMB, section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 requires that we solicit comment on the following issues:

! The need for the information collection and its usefulness in carrying out the proper functions of our agency.

! The accuracy of our estimate of the information collection burden.

! The quality, utility, and clarity of the information to be collected.

! Recommendations to minimize the information collection burden on the affected public, including automated collection techniques.

However, the requirements summarized below are currently approved as indicated by the appropriate OMB control number.

Section 409.43 Plan of care requirements.

Section 409.43(c) states that a plan of care must be signed and dated by a physician and meets the certification and recertification requirements of §424.22 of this chapter, before the episode claim for services is submitted for the final percentage payment. This provision also states that any changes in the plan must be signed and dated by the physician. The requirements and burden associated with the plan of care are currently approved under OMB control numbers 0938-0357, with a current expiration date of 11/30/2000, 0938-0760 with a current expiration date of 09/30/2000, and 0938-0761 with a current expiration date of 09/30/2000.

Section 409.43(e) states that a plan of care must be reviewed, signed, and dated by the physician who reviews the plan of care(as specified in §409.42(b))in consultation with agency professional personnel at least every 60 days. The requirements and burden associated with the plan of care are currently approved under OMB control numbers 0938-0357, with a current expiration date of 11/30/2000, 0938-0760 with a current expiration date of 09/30/2000, and 0938-0761 with a current expiration date of 09/30/2000.

Section 424.22 Requirements for home health services.

Section 424.22(b) states that a recertification is required at least every 60 days, preferably at the time the plan is reviewed, and must be signed by the physician who reviews the plan of care. The requirements and burden associated with the plan of care are currently approved under OMB control numbers 0938-0357, with a current expiration date of 11/30/2000, 0938-0760 with a current expiration date of 09/30/2000, and 0938-0761 with a current expiration date of 09/30/2000.

Section 484.55 Comprehensive Assessment of Patients.

Section 484.55 states that an HHA must update the comprehensive assessment by completing the appropriate OASIS schedule the last five days of every 60 days beginning with the start of care date unless there is a PEP adjustment or SCIC adjustment. The new requirement replaces the current language regarding "every second calendar month" with every 60 days." The requirements and burden associated with the plan of care are currently approved under OMB control numbers 0938-0357, with a current expiration date of 11/30/2000, 0938-0760 with a current expiration date of 09/30/2000, and 0938-0761 with a current expiration date of 09/30/2000.

Section 484.250 Patient assessment data.

Section 484.250 states that an HHA must submit OASIS data to HCFA as described at §484.55(b)(1) and (d)(1) to administer the payment rate methodologies described in §§484.215, 484.230, 484.235, and 484.237. The requirements and burden associated with the plan of care are currently approved under OMB control numbers 0938-0357, with a current expiration date of 11/30/2000, 0938-0760 with a current expiration date of 09/30/2000, and 0938-0761 with a current expiration date of 09/30/2000.